



# CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

February 2016

**CLASSIFICATION:** Engineering Technician II - Inspector

## Frequency Code Scale

N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
Never Occurs	Less than 1 hour/week	Up to 1/3 of the time	From 1/3 to 2/3 of the time	2/3 or more of the time

Physical Demand	Frequency Code	Description Examples:	Physical Demand	Frequency Code	Description Examples:
Standing	C	Making Presentations Observing work site Observing/Conducting work duties Communicating with co-workers	Pushing / Pulling	O	File Drawers Equipment Tables and Chairs Hoses Handling Patients/Suspects
Fine Dexterity	F	Computer Keyboard Telephone Keypad Calculator Calibrating Equipment	Climbing	F	Stairs Ladders Step Stools Onto Equipment On/Out of Terrain On/Out of Hole/Ditches/Work Site
Walking	C	To other departments/offices Around work site	Vision	C	Reading Computer Screen Driving Observing Work Site
Lifting	O	Supplies Equipment Files Patients	Foot Controls	C	Driving Operating Heavy Equipment Operating Dictaphone
Carrying	O	Supplies Equipment Files	Balancing	F	On Ladders On Equipment On Step Stools
Sitting	O	Desk Work Meetings Driving	Bending	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients
Reaching	O	For Supplies For Files	Crouching	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients
Handling	F	Paperwork Monies	Hearing	C	Communicating Via Telephone/ Radio, to co-workers/public Listening to Equipment Response to Call – Sirens Response to Call/Training – Guns
Kneeling	O	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients	Twisting	F	From Computer to Telephone/ Radio Getting Inside/Outside of Vehicle Handling Patients/Suspects
Crawling	O	Under Equipment Inside Attics/Pipes/Ditches	Talking	C	Communicating via telephone/ radio, to co-workers/public Communicating in person to co-workers/public
Other (describe):	F	Specific vision abilities required by this driving focused job include: Close Vision Distance Vision Color Vision Peripheral Vision Depth Perception and Ability to Adjust Focus.	Other: (describe):		

**Machines, Tools, Equipment and Work Aids:**

Motor vehicle, hydrostatic and air test gauges, temperature gauges, Dry Film Thickness (DFT) gauges, underground locator, calculator, measuring devices and scales, various hand tools(shovel, hammer, probe, manhole lid pick, etc.), computer, phones, printer, scanner, copier, fax					
<b>Computer Equipment and Software:</b>					
Personal Computers, keyboards, mouse, word processing, spreadsheet, outlook and other Microsoft programs, departmental software (i.e., Trak-it).					
<b>Environmental Factors:</b>					
<b>Environmental Conditions</b>	<b>Never</b>	<b>Seasonally</b>	<b>Several Times Per Month</b>	<b>Several Times Per Week</b>	<b>Daily</b>
<u>Extreme Temperature</u> (heat, cold, extreme temp, changes from outside work)		X			
<u>Wetness and/or Humidity</u> (bodily discomfort from moisture)		X			
<u>Respiratory Hazards</u> (fumes, gases, chemicals, dust and dirt)				X	
<u>Noise and vibration</u> (sufficient to cause hearing loss)				X	
<u>Physical Hazards</u> (high voltage, dangerous machinery, aggressive suspects, arrestees, patients – <u>not</u> customers)			X		
<b>Health and Safety Conditions:</b>					
<b>Health and Safety Conditions</b>	<b>N = Never</b>	<b>R = Rarely</b>	<b>O = Occasionally</b>	<b>F = Frequently</b>	<b>C = Constantly</b>
<input type="checkbox"/> Per Shift ___ hrs per day; <input checked="" type="checkbox"/> Per One Work Week	Never Occurs	Less than 1 hour per week	1/3 or more of the time	From 1/3 to 2/3 of the time	2/3 or more of the time
Mechanical Hazards				X	
Chemical Hazards			X		
Electrical Hazards				X	
Fire Hazards		X			
Explosives	X				
Communicable Diseases	X				
Physical Danger or Abuse		X			
Other: Specify - Confined spaces, lock-out tag-out, fall protection, ladders, construction sites, uneven surfaces				X	
<b>Primary Work Location:</b>					
<input type="checkbox"/> Office Environment		<input type="checkbox"/> Warehouse			
<input type="checkbox"/> Shop		<input checked="" type="checkbox"/> Vehicle			
<input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> Recreation Centers/Neighborhood Centers			
<input type="checkbox"/> Other: Specify -					
<b>Protective Equipment Required:</b>					
Safety Footwear (Steel-toed shoes), Safety glasses, Hard hats, Reflective safety vests, Safety harness, hearing protection, Gloves					
<b>Job Demands:</b>					
<b>Overall Strength Demands</b>					
<input type="checkbox"/> Sedentary	Exerting up to 10 pounds occasionally or negligible weights frequently; sitting most of the time				
<input type="checkbox"/> Light	Exerting up to 20 pounds occasionally, 10 pounds frequently, or negligible amounts constantly <b>AND/OR</b> walking or standing to a significant degree				
<input checked="" type="checkbox"/> Medium	Exerting 20 – 50 pounds occasionally, 10 – 25 pounds frequently, or up to 10 pounds constantly				
<input type="checkbox"/> Heavy	Exerting 50 – 100 pounds occasionally, 25 – 50 pounds frequently, or from 10 up to 20 pounds constantly				
<input type="checkbox"/> Very Heavy	Exerting over 100 pounds occasionally, 50 – 100 pounds frequently, or from 20 up to 50 pounds constantly				
<b>Non - Physical Demands</b>					

	Frequently	Occasionally	Rarely	Never
Time Pressures		X		
Emergency Situations		X		
Frequent Change of Tasks		X		
Irregular Schedule/Overtime		X		
Performing Multiple Tasks Simultaneously		X		
Working Closely with Others as Part of a Team	X			
Tedious or Exacting Work	X			
Noisy/Distracting Environment	X			
Other: Specify -				
<b>Employee Sign-Off:</b> I have read through the physical and have a good understanding of the requirements for my performance in this position and find it to be an accurate description of the physical/working demands of this position. I acknowledge it is incumbent upon me to seek clarification from my supervisor/manager for any questions I may have regarding the requirement/responsibilities/physical-working demands of my position. I also acknowledge that I can fulfill the essential functions of my position. Should I need to seek reasonable accommodation, I acknowledge I will contact my supervisor/manager or Human Resources to pursue options.				
Employee Signature:			Date:	
Employee Name Printed:				